

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 1:12 pm, Jul 23, 2013 #7

Complete this report in Send copy to Departme	duplicate at the tim nt of Health and Se	e of the regular monthly nior Services; retain orig	preventative mainter linal in department file	nance check, and where	never instrument is repaired	
ALCO SENSOR IV SN 102454		PRINTER SN 095.3583,044	-	DATE (DF INSPECTION 8/2013	
LOCATION OF INSTRUMENT CCSO Jail	(STREET AND CITY)			TIME C	F INSPECTION S pm	
CHECKLIST: Place a m ues where determined.)	ark in the box by ea	ich item if found to be sa ust be corrected before	atisfactory or if operat	ing within established li	mits. (Write in observed val-	
☑ DIGITAL READOUT			aomy monument.	, , , , , , , , , , , , , , , , , , ,	17.60	
☑ TEMPERATURE OF	ALCO SENSOR (10°C - 40°C)	***	11		
PRINTER WORKIN	G PROPERLY					
☑ TIME AND DATE DI	SPLAYING PROPE	RLY				
BREATH ALCOHOL AC	CURACY STANDA	RDS			Action to the second se	
SIMULATOR SOLU	TION		COMPRESSE	D ETHANOL-GAS MIX	(TURE	
STANDARD SUPPLIER Airgas Midwest America			OT # AG233201	01 EXP. DATE 11/27/2014		
SIMULATOR TEMPI	ERATURE (34°C ±	0.2°C) SIM	ULATOR SN	SIMULATOR	EXP DATE	
0.080% STAND	ARD - MUST READ	D BETWEEN 0.095% and D BETWEEN 0.076% and D BETWEEN 0.038% and	d 0.084% INCLUSIVE			
TEST 1 🖝 .102		TEST 2 .101		TEST 3 🖛 .100		
RFI DETECTOR OPE	ERATING				-	
NDICATE THE NUMBER DO NOT INCLUDE SEL	R OF BREATH TES F-ADMINISTERED	TS IN THE FOLLOWIN TESTS)	G RANGES SINCE 1	THE LAST MAINTENA	NCE REPORT:	
REFUSALS	(004)	(.0509)	(.1014)	(.1519)	(OV S R .19)	
List any new parts and destablished limits (use oth	escribe any alterati ner side if necessan	on or modification that w	vas made to restore	the instrument to opera	te satisfactorily and within	
NSPECTING OFFICER		500 P 500 P 500 P 500 P				
M. W. E. Moulder				PRINT NAME Sgt. W. E. Moulder		
YPE II PEMMIT NUMBER/EXPIRATIO 220064 02/21/2014		A CONTRACTOR OF THE CONTRACTOR		TELEPHONE NUMBER (573) 346-2243		
Return completed report	2875 Jan	cohol Program, MO Dep nes Boulevard uff, MO 63901	artment of Health and		theast District Office	



Airgas Mld America (LABORATORY)

3500 Bernard Street St. Louis, Mo. 63103

Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Customer Name Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

<u>Test Date:</u> 27-Nov-2012

Dear Sir,

This is your Certificate of Analysis:

Exp. Date 11/27/2014

Cyl. Type

Component Ethanol Nitrogen Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Balance

Lot#

AG233201

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	<u>Concentration</u>	Serial No.	<u>Concentration</u>
EB0010581	391.5 ppm	EB0010603	390.9 ppm
EB0010570	258.4 ppm	EB0010559	258.3 ppm
EB0010285	208.9 ppm	EB0010595	209.2 ppm
EB0010561	101.9 ppm	EB0010662	104.9 ppm
EB0010681	53.0 ppm	EB0010679	52.4 ppm

Analytical Method:

NDIR

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 102454 Version no: 004C AS IV Serial no: 102454 no: 004C TEST RECORD Uersion 99279 9/ TEST RECORD 00271 Date Time 210L Time 210L Air Blank: Temp Date 07/18/13 17:39 .000 Air Blank: Calibration Check: 07/18/13 17:41 .000 24 07/18/13 17:39 .101 Calibration Check Subject Name 25 07/18/13 17:41 .100 Maint Subject Name Subject I.D. maint Subject I.D. Operator Mame, 1.D. Operator Name, I.D. Logation 20064 CCSO Jail AS IV Serial no: 102454 AS IV Serial no: 102454 no: 0040 Version Version no: 0040 TEST RECORD 00269 TEST RECORD 00272 9/ Time 210L 9/ Tem₽ Temp Date Time Air Blank Void: RFI 07/18/13 17:38 .000 12 07/18/13 17#42 Calibration Check: 23 07/18/13 17:38 .102 Subject Name Subject Name Baint maint Subject I.D. Subject I.B. Operator Name, I.D. Operator Name, I.D. FL. W. E MOURCU

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CCSO Jail